

<i>SERFF Tracking Number:</i>	<i>META-127862392</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50389</i>
<i>Company Tracking Number:</i>	<i>G11-01 - AD</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>G11-01/G11-01</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Long-Term Care Insurance SERFF Tr Num: META-127862392 State: Arkansas

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 50389

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G11-01 - AD

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Donna Lambert

Authors: Cherise Crittenden,
Andrea DeAlmeida

Disposition Date: 12/05/2011

Date Submitted: 12/02/2011

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date: 01/05/2012

State Filing Description:

General Information

Project Name: G11-01

Status of Filing in Domicile: Authorized

Project Number: G11-01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: Resubmission

Previous Filing Number: META-127369900

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 12/05/2011

State Status Changed: 12/05/2011

Deemer Date:

Created By: Andrea DeAlmeida

Submitted By: Cherise Crittenden

Corresponding Filing Tracking Number:

Filing Description:

This is a filing of our Group Long-Term Care Website and the materials are intended for use with group long-term care insurance policies. Please see our filing letter for details.

Company and Contact

Filing Contact Information

Cherise Crittenden, Consultant-Compliance ccrittenden@metlife.com

MKTG

57 Green Farms Road

203-221-6594 [Phone]

SERFF Tracking Number: META-127862392 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 50389
Company Tracking Number: G11-01 - AD
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long-Term Care Insurance
Project Name/Number: G11-01/G11-01

Westport, CT 06880

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: 241	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 Filing Fee Per Form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	12/02/2011	54217079

<i>SERFF Tracking Number:</i>	<i>META-127862392</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50389</i>
<i>Company Tracking Number:</i>	<i>G11-01 - AD</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>G11-01/G11-01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	12/05/2011	12/05/2011

SERFF Tracking Number: META-127862392

State: Arkansas

Filing Company: Metropolitan Life Insurance Company

State Tracking Number: 50389

Company Tracking Number: G11-01 - AD

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance

Project Name/Number: G11-01/G11-01

Disposition

Disposition Date: 12/05/2011

Implementation Date: 01/05/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>META-127862392</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50389</i>
<i>Company Tracking Number:</i>	<i>G11-01 - AD</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>G11-01/G11-01</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	EOV	Filed	Yes
Supporting Document	NAIC Form	Filed	Yes
Form	Group Long-Term Care Website	Filed	Yes

SERFF Tracking Number:	META-127862392	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	50389
Company Tracking Number:	G11-01 - AD		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance		
Project Name/Number:	G11-01/G11-01		

Form Schedule

Lead Form Number: ADF#1932.11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/05/2011	11	ADF#1932. Advertising	Group Long-Term Care Website	Initial			ADF#1932.11_Group LTC Website.pdf

Long-Term Care Insurance



To learn more about the program please select a State:

Alabama (AL)
Alaska (AK)
Arizona (AZ)
Arkansas (AR)
California (CA)
Colorado (CO)
Connecticut (CT)
Delaware (DE)
District of Columbia (DC)
Florida (FL)
Georgia (GA)
Hawaii (HI)
Idaho (ID)
Illinois (IL)
Indiana (IN)
Iowa (IA)
Kansas (KS)
Kentucky (KY)
Louisiana (LA)

Maine (ME)
Maryland (MD)
Massachusetts (MA)
Michigan (MI)
Minnesota (MN)
Mississippi (MS)
Missouri (MO)
Montana (MT)
Nebraska (NE)
Nevada (NV)
New Hampshire (NH)
New Jersey (NJ)
New Mexico (NM)
New York (NY)
North Carolina (NC)
North Dakota (ND)
Ohio (OH)
Oklahoma (OK)
Oregon (OR)

Pennsylvania (PA)
Rhode Island (RI)
South Carolina (SC)
South Dakota (SD)
Tennessee (TN)
Texas (TX)
Utah (UT)
Vermont (VT)
Virginia (VA)
Washington (WA)
West Virginia (WV)
Wisconsin (WI)
Wyoming (WY)

Welcome to Long-Term Care Insurance from Metropolitan Life Insurance Company ("MetLife")



Why Should You Consider Long-Term Care (LTC) Insurance?

Paying for long-term care services without insurance may be costly. The national average cost for nursing home care is [over] [\$74,825] per year¹ and the national average cost for home care is [\$27,300] per year¹.

Long-term care insurance may be one way to help protect your savings from the costs of long-term care services.

Find out specific [costs for long-term care](#) in your area.

Do Your Other Insurance Plans Cover Long-Term Care (LTC) Services?

Most insurance plans generally cover very little of the costs associated with long-term care services.

- **Health Insurance and HMOs** or other traditional health insurance plans typically cover services that help prevent, treat and/or cure an illness or injury. Their focus is usually on acute medical care, not on long-term care.
- **Medicaid** is a State and Federal Government program that pays for certain health services and nursing home care for older people with low incomes and limited assets. In most states, Medicaid also pays for some long-term care services at home and in the community. Who is eligible and what services are covered vary from state to state. Most often, eligibility is based on your income and personal resources.²

How do I choose the coverage that's right for me?



- **How much do long-term care services cost in your area?**
Currently the cost of long-term care services tend to be higher in major metropolitan areas.
Check the [costs for long-term care](#) in your area.
- **How much of your savings are you able to spend?**
You may want a comprehensive long-term care insurance plan or you may choose to just supplement your long-term care expenses with a small amount of coverage and use your savings to pay for the rest.

- **Where would you like to receive long-term care services?**

Costs of coverage vary depending on whether you wish to receive long-term care services at home, at an assisted living facility* or nursing home.

Please call **[1-888-526-8495]** to speak with a Customer Service Representative/Agent about the plan available through your employer and the coverage that may be right for you.

¹ "The [2010] MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services and Home Care Costs", October [2010] - [\$21]/hour, five hours per day/five days a week for a home health aide.

² <http://www.medicare.gov/LongTermCare/Static/Home.asp> as of March 25, 2009

* In CA, Assisted Living Facilities are referred to as Residential Care Facility/Residential Care Facility for the elderly.

This Long-Term Care Insurance solicitation describes coverage offered by Metropolitan Life Insurance Company ("MetLife"), New York, NY 10166. This Long-Term Care Insurance program is not connected with or endorsed by the U.S Government or the Federal Medicare Program. Like most group long-term care insurance policies, Metropolitan Life Insurance Company ("MetLife") group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping coverage in force. This coverage is guaranteed renewable. This means that once coverage (a certificate) is issued, its premiums will increase only as a result of an increase made on a class-wide basis. Coverage may not be cancelled due to your individual age or change in your health. Call MetLife at 1-888-526-8495 for costs and complete details. Insurance Policy Forms: G.LTC197, G.LTC1597 or GPNP99-LTC.

[MetLife] | [Terms of Use](#) | [Privacy/HIPAA Notices](#)

[© 2011] Metropolitan Life Insurance Company, New York, NY. All Rights Reserved.

ADF#1932.11

LXXXXXXXXX(expXXXX)

<i>SERFF Tracking Number:</i>	<i>META-127862392</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50389</i>
<i>Company Tracking Number:</i>	<i>G11-01 - AD</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance</i>		
<i>Project Name/Number:</i>	<i>G11-01/G11-01</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Cover Letter	Filed	12/05/2011
Comments:		
Attached is the Cover Letter.		
Attachment:		
AR_Cover Letter 12.02.11.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: EOV	Filed	12/05/2011
Comments:		
Attached is the EOV.		
Attachment:		
EOV ADF#1932.11_Group LTC Website.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: NAIC Form	Filed	12/05/2011
Comments:		
Attached is the NAIC Form.		
Attachment:		
Group NAIC Transmittal_AR_12.02.11.pdf		

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3336 Fax 203 221-6573
adealmeida@metlife.com

MetLife®

Andrea DeAlmeida
Long-Term Care

December 2, 2011

Commissioner of Insurance
Arkansas Department of Insurance
1200 West 3rd St.
Little Rock, Arkansas 72201-1904

Re: **Metropolitan Life Insurance Company ("MetLife")**
Group Long-Term Care Insurance Advertising
NAIC No. 65978 - FEIN No. 13-5581829
MetLife Company Filing No. **G11-01**

Advertising Form Number	Brief Description of Advertising Material
ADF#1932.11	Group LTC Website

Dear Sir/Madam

This letter is in response to your objection dated September 8, 2011.

- 1) ***AR R&R 41, Sec. 13, G state that "No advertisement shall be used that fails to include a disclaimer to the effect of "Not connected with or endorsed by the U.S. Government or the Federal Medicare Program". Please include this language in your advertising piece.***

— The disclaimer has been updated to include the following language:

This Long-Term Care Insurance program is not connected with or endorsed by the U.S Government or the Federal Medicare Program.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely



Andrea DeAlmeida
Compliance/Mtkg-AD



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

INVITATION TO INQUIRE GROUP LTC WEBSITE EO

FORM NUMBER: ADF#1932.11

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

ILLUSTRATIVE MATERIAL

Illustrative material consists of entries such as logos, numbers, names, company names, group numbers, phone numbers, street addresses, website addresses, administrative codes and dates which may be varied.

Design (look) of material may vary. For example, photos may be inserted or removed, color scheme may be one, two, three or four-color, and size and format may be adjusted. Design changes will not affect the specific variable material or the text included in the piece.

SPECIFIC VARIABLE MATERIAL

Specific variable material is marked as numerical items within the enclosed form. Specific items marked will be changed only as indicated in the explanations set forth below.

Section	Item	Explanation
GENERAL	General	All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information.
	1	References to "over" may appear as is, may be omitted or may be revised to show, "approximately".

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
----	---------------------------	----------

2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	NY	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Cherise Crittenden Metropolitan Life Insurance Co. 57 Greens Farms Road Westport, Connecticut 06880	(203) 221-6594	(203) 221-6573	ccrittenden@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
----	-----------------------	--

6.	Company Tracking Number	G11-01
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____

8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input checked="" type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>

9.	Type of Insurance (TOI)	LTC03G – Group Long-Term Care Insurance
----	-------------------------	---

10.	Sub-Type of Insurance (Sub-TOI)	LTC03G.001 – Qualified
-----	---------------------------------	------------------------

11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>
-----	---------------------	--

12.	Filing Submission Date	December 2, 2011	
	Filing Fee (If required)	Amount <u>\$50.00</u>	Check Date <u>EFT SUBMISSION</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> </u>
14.	Date of Domiciliary Approval	Not Applicable New York does not require LTCI advertising to be filed.	
15.	Filing Description:		
	<p>This is a filing of our Group Long-Term Care Website and the materials are intended for use with group long-term care insurance policies. Please see our filing letter for details.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of ARKANSAS.</p>		
Print Name <u>Cherise Crittenden</u>		Title <u>Consultant-Compliance/Marketing/AD</u>
Signature <u><i>Cherise Crittenden</i></u>		Date: <u>December 2, 2011</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		G11-01
This filing corresponds to rate filing company tracking number		G11-01

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Coalition LTC Website	ADF#1932.11	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + 45% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1